

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Comments on the Forum

TO THE EDITOR: Please accept my sincere congratulations to *The Western Journal of Medicine* for its wonderful opening series of essays in the forum on "The Aim of American Medicine Within the Constraints of Today's Society."¹ This sort of leadership in airing the important views of nondoctors, as well as doctors, is long overdue in all of our journals. Physicians are slow to realize that we may not be the "judges in our own cause."

I believe this kind of openness and dialogue with all segments of society is the only way to a sane system of health care.

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REFERENCE

1. The aim of American medicine within the constraints of today's society—A Forum. *West J Med* 1986 Aug; 145:181-191

EDITOR'S NOTE:

Readers are invited to contribute their views to this forum, which continues elsewhere in this issue.

MSMW

Recommendation for a Change in Certificates of Death

TO THE EDITOR: Unfortunately, deaths related to pregnancy still occur and remain underreported.

Coccidioidomycosis in pregnancy remains the commonest single cause of maternal mortality at Kern Medical Center, Bakersfield, California. A review of medical records showed that deaths in young women with disseminated cocci and pregnancy had not been included in the maternal death records of the Kern County Statistics Department. A review of the certificates of death for several other known maternal deaths found no comment on the certificate that they were pregnancy-related. Consequently, they had not been included in the maternal mortality statistics.

Certificates of death should include a box where the last pregnancy date could be noted. If a patient dies while pregnant, the date will signify it. If a patient dies two weeks after giving birth, that date will alert statisticians that the new mother's death may be related to the pregnancy. For example, a 21-year-old woman died ten days postpartum and autopsy confirmed mitral stenosis and calcification of the porcine valve which occurs when porcine valves are inserted in women younger than 16 years who subsequently become pregnant.¹ Without the pregnancy the complications probably would not have happened. It was a pregnancy-related death

yet no mention of her recent pregnancy was included on the certificate of death.

We suggest that including a place for "date of last pregnancy" on certificates of death would result in more accurate maternal mortality statistics.

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1. Barnes AD, Van Geem TA, Johnson DM, et al: Postpartum complications with porcine heart valve—The age factor. *The Female Patient* 1986 Mar; 11:29-32

Chemical Denervation for Hemifacial Spasm

TO THE EDITOR: In the July issue Burchiel discusses the success of treatment of cranial neuropathies caused by microvascular compression via posterior fossa craniectomy.¹

It may be worthwhile pointing out that for hemifacial spasm, chemical denervation induced by extremely small doses of botulinum toxin is an alternative therapy. This procedure has been introduced by Scott and co-workers² and has been used successfully in the treatment of blepharospasm as well as hemifacial spasm.³ There have been no serious side effects and the injections are done on an outpatient basis.

This method of treatment has the obvious advantage of avoiding a craniectomy. The disadvantage is that the treatment produces a paresis that lasts only two to three months and repeated treatments are necessary. The repeated treatments appear, however, to be well tolerated by patients.

Since there is not insignificant morbidity associated with posterior fossa operations, this alternative should be offered to patients with hemifacial spasm.

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REFERENCES

1. Burchiel K: Cranial neuropathies. *In* Epitomes—Important advances in clinical medicine. *West J Med* 1986 Jul; 145:88-89
2. Scott AB, Rosenbaum AL, Collins CC: Pharmacologic weakening of extraocular muscles. *Invest Ophthalmol* 1973; 12:924-927
3. Frueh BR, Felt DP, Wojno TH, et al: Treatment of blepharospasm with botulinum toxin. *Arch Ophthalmol* 1984; 102:1464-1468